

Town Health Officer Animal Bite Report Form

Town:	He	Health Officer:	
Animal Involved: □ Dog	□ Cat	□ Other	
Date:	Time:	□ a.m. □ p.m.	
Animal Found: ☐ Yes	\square No		
Location of Bite on Victin	ı's Body:		
Provoked Bite:	\square No	□ Unknown	
Name of Victim:		Telephone:	
Address:			
Doctor Contacted:		Telephone:	
Address:			
Owner of Animal:		Telephone:	
Address:			
Veterinarian:		Telephone:	
Address:			
Date of last Rabies Shot: _		Rabies Tag #:	
Action taken by Health (Officer:		
Comments:			